# INTERVIEW GUIDE FOR DRUG TESTING PROGRAM ASSESSMENT

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**Background on your company or organization:**

What is the product or service that your company provides?_____

How long has your company been in business?_____

How many locations does your company have?_____Where are they located (State and
   City)?_____
   _____

What was your company's total sales volume last year?  $_____

Is your company's workforce unionized?_____

Is your company privately held or publicly traded?_____

What is the total number of employees in your company?_____ How are they
   distributed geographically? (by location from
   #3)_____
   _____

**Drug testing program:**

Is there a company substance abuse policy?_____

How long has your company utilized drug testing?_____

Is drug testing part of the collective bargaining process at your company?_____

Are there any state regulations that impact on the drug testing process?_____

Does your company have employees that are covered under Department of Transportation (DOT)
regulations?_____ If yes, under which DOT agency?    FHWA_____FRA_____
                                                              __FTA_____FAA_____
                                                              ____
      Coast Guard_____Pipelines and Special Projects_____

Does your company drug test non-regulated employees?_____

Does your company perform random drug testing on non-regulated employees?_____ If
yes, what is the random rate?_____

How are employees selected for random testing? (If a software package is utilized, which
package?) _____

Please complete the chart below indicating the number of drug tests conducted per year in each
category of testing:

| Reason for Test | Regulated Testing Number of tests per year | Non-regulated Testing Number of tests |
|---|---|---|
| Pre-employment | | |
| Random | | |
| Post-accident | | |
| Reasonable suspicion | | |
| Return to duty | | |
| Other | | |

**Cost of testing:**

What is the number of employees (FTE) in your organization that spend time performing each of
the following drug testing functions?
     Specimen collection_____
     Medical Review Officer (MRO) function_____
     Random selection process_____
     Program administration_____
     Supervisory training_____
     Employee training_____

Does your organization have an in house medical department?_____If yes, do they
conduct specimen collections?_____Do they perform MRO functions?_____

Please complete the chart below indicating the cost to your organization for each of the drug
testing program components listed:

| Item | Regulated Testing | Non-regulated Testing |
|---|---|---|
| Specimen collection | $ | $ |
| Transportation to lab | $ | $ |
| Lab drug test | $ | $ |
| MRO review | $ | $ |
| Random selection | $ | $ |
| Breath alcohol test | $ | $ |

How much employee time is consumed conducting random testing? This can be approximated by estimating the time for an employee to travel to the collection site, provide the specimen and/or breath test and return to work:  time away from work (hrs) _____ x  number of employees that have random tests performed per year _____ = total hours consumed in random testing process _____. This figure multiplied by the average hourly salary will yield the cost of random testing in lost payroll dollars.

**Time:**

Please complete the grid below indicating turn around time, measured from specimen collection to receipt of final report (in days):

| Type of test | Positive Result | Negative Result |
|---|---|---|
| Regulated drug test | | |
| Non-regulated drug test | | |

**Reports:**

1) Are the results of the drug testing reported to a central location or is the reporting decentralized? _____

2) Please indicate the method(s) of reporting of drug testing results:
mail_____fax_____PC_____Automated voice response (AVR)_____electronic mail box_____dedicated printer_____ E mail_____other_____

3) Are you receiving summary reports or statistical reports from the laboratory?_____

**Testing panels:**

What is the name of the laboratory you are currently using?_____

What in the name of the MRO you are currently using?_____

What contract collection sites are you currently using? _____
_____
_____
_____

4) Please place a check next to the drug or test if it is included in your organization's drug testing panel:
cocaine_____                     barbiturates_____
amphetamines_____                LSD_____

opiates_____                    urine alcohol_____
cannabinoids_____               TCAs_____
PCP_____                        creatinine_____
Benzodiazepines_____            pH_____
Meperidine_____                 specific gravity_____
Propoxyphene_____               nitrites_____
Methadone_____                  other_____

For each drug/test that you checked above, please complete the grid below:

| Drug/test | Screening cut-off | Confirmation cut-off |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Results of testing:**

What is the total number of drug tests conducted in the past 12 months?_____

Please complete the grid below using information from the past 12 months:

| Reason for test | Regulated testing Number of positive results | Non-regulated testing Number of positive results |
|---|---|---|
| Pre-employment |  |  |
| Random |  |  |
| Post-accident |  |  |
| Reasonable suspicion |  |  |
| Return to duty |  |  |
| Other |  |  |

Please complete the grid below indicating the actual number of positive results per drug listed:

| Drug tested | Regulated testing Number of positive results | Non-regulated testing Number of positive results |
|---|---|---|
| Cocaine | | |
| Amphetamines | | |
| Opiates | | |
| Cannabinoids | | |
| PCP | | |
| Benzodiazepines | | |
| Meperidine | | |
| Propoxyphene | | |
| Methadone | | |
| Barbiturates | | |
| LSD | | |
| Urine alcohol | | |
| TCAs | | |

**Management systems:**

1)  In what format is drug testing data maintained in your organization?
    Computer files_____ nature of files_____
    Where maintained?_____
    Paper files_____
    Where maintained?_____

2)  How much time is spent educating and briefing employees in the organization's substance abuse policy?_____

3)  DOT MIS reports, please provide copies of any drug testing MIS data as required for DOT reporting purposes. Copies available Yes_____NO_____.